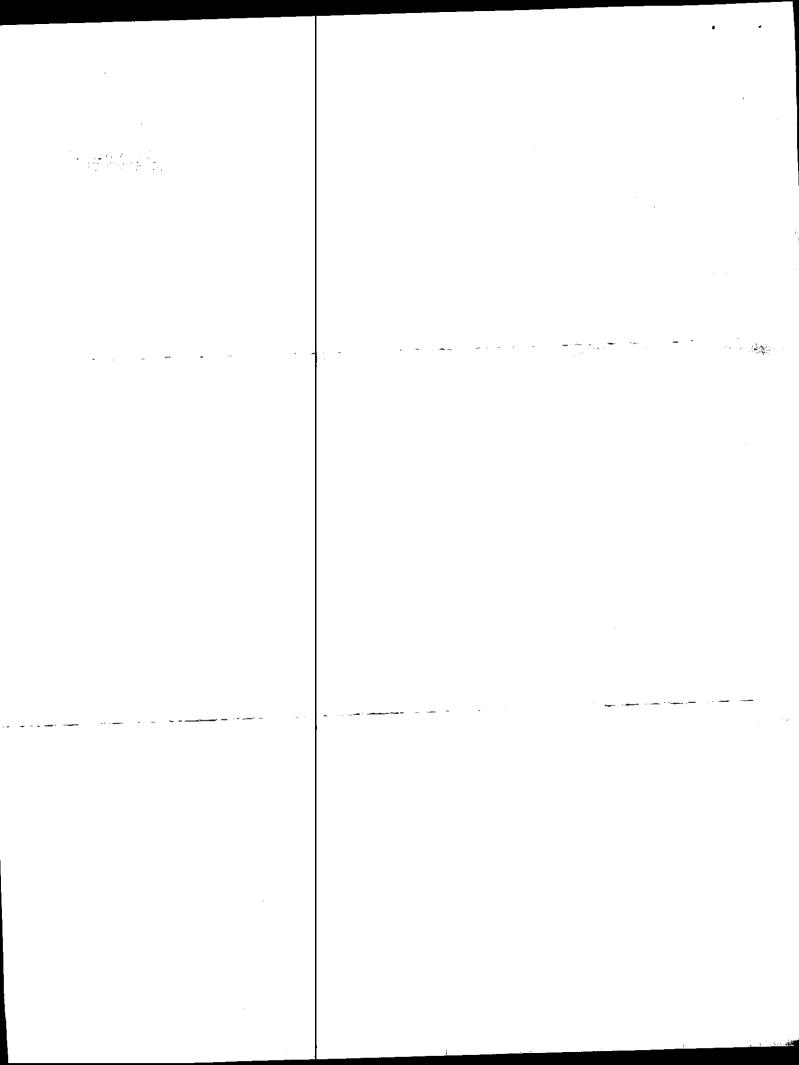
## NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

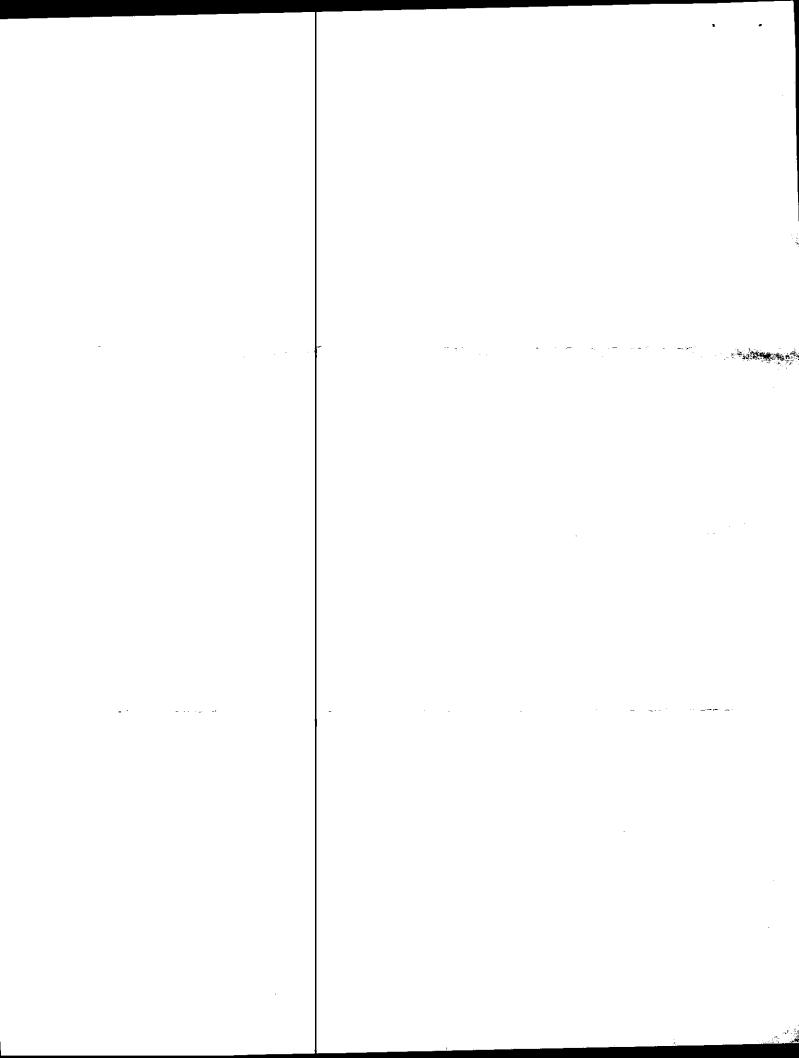
| FILE         |  |
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|              |  |
| JAN/3/1 2005 |  |

| NAME Elegnor O'Donnell  |  | SECRETARY OF STATE                       |                      |   |  |                              |  |  |
|---|--|--|----------------------|---|--|------------------------------|--|--|
| MAILING ADDRESS 19/2 Port of of To the  |  | ENGTH OF                                 | RESIDE               | NCE IN NEVADA   | 35 v   | 165                          |  |  |
| UIT, STATE, AP SORING PROOF AND PROOF   | ,— L   | ENGIH OF                                 | RESIDEN              | ICE IN DISTRIC  | WHERE RE   | GISTERED TO                  |  |  |
| TELEPHONE (775) 744-2778  | V  | 'OTE                                     | <u>30 ye</u>         | ars<br>NRS 281.571(   |  |                              |  |  |
|   |  |  |                      | 111.0 201.57 1  | (1)(a)   |                              |  |  |
| List all public offices for which this financial disclos  Public Office  Conservation District  | Annual Compensation  \$                                | Tern                                     | m or<br>pointed      | A1.571, Subsection ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1(b) 281.559(1(b) ) | CANDIDATE (no later than the 10th day after the last day | to fill unexpired term       |  |  |
|   | \$   |  |                      |   |  |                              |  |  |
| Sale of Livestock   |  |  |                      |   | l  | Self Household Member        |  |  |
| List each creditor to whom you or a member of your hor deed of trust on real property which is not required yehicle for personal use was retained by seller] [NRS 2 | nousehold owe<br>to be listed be<br>81.571, Subsection | es \$5,000 d<br>low, and (i<br>on 1(d)]: | or more<br>2) debt : | [except (1) de<br>for which a sec   | bt secured to  | by mortgage<br>st in a motor |  |  |
| none  |  |  |                      |   | Se   | elf Household<br>Member      |  |  |
|   |  |  |                      |   |  | ] [                          |  |  |
|   |  |  |                      |   |  |                              |  |  |
|   |  |  |                      |   | _  | ] []                         |  |  |
|   |  |  |                      |   |  | , <u>,</u>                   |  |  |
|   |  |  |                      |   | <u>L</u>   | ı LJ                         |  |  |
|   |  |  |                      | <del></del>   |  | ] [7                         |  |  |



| List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorsh firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of yo involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partra a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the [NRS 281.571, Subsection 1(f)]:                 | ur hou | sehold is           |
|--|--------|---------------------|
| Blake + Eleanor Livestock (B+E Livestock)  | Self   | Household<br>Member |
| List specific location and particular use of all real estate (other than personal residence): (1) in which you or your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) state or an adjacent state [NRS 281.571, Subsection 1(c)]:  Specific Location  Ranching  Particular Use  Ranching  | locate | d in this           |
| List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a dorduring the preceding taxable year [except (1) a gift received from a person who is related to you within the th consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or othe occasion if the donor does not have a substantial interest in your legislative, administrative, or political action]  [NRS 281.571, Subsection 1(e)]:  Donor  Donor |        | monial              |
| THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.   |        |                     |
| Date: Janleary 27,2005 Signature: Lleaner O'Donnell  |        | <del></del>         |

Revised 8/28/2003



## STATE OF NEVADA COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 16
Carson City, Nevada 89706-7946
(775) 687-5469 • FAX (775) 687-1279

## **Acknowledgment of Ethical Standards for Public Officers**

(Required by NRS 281.552)

| I hereby acknowledge that I have read and public employees provided in NRS Chapte   | understand the statutory ethical standards for public officers and er 281. I acknowledge that I have (check all that apply): |  |  |  |  |
|---|--|--|--|--|--|
| Treviewed the provisions of NRS Chapt   | er 281 on-line from the Commission's website http://ethics.state.nv.us   |  |  |  |  |
| ☐ reviewed the provisions of NRS Chapt  | er 281 by requesting a copy thereof from the Commission office.  |  |  |  |  |
| I understand that I am required to file this acknowledgment with the Nevada Commission on Ethics or the Secretary of State pursuant to NRS 281.561, and that refusal to execute and file this acknowledgment constitutes nonfeasance in office and is a ground for removal pursuant to NRS 283.440. |  |  |  |  |  |
|   | V  |  |  |  |  |
| January 27, 2005  | Signature O'Omnell   |  |  |  |  |
| (775) 744-2778<br>Telephone Number  | Printed Name   |  |  |  |  |
| Fax Number  | 196 Emigrant Trail #10 Mailing Address   |  |  |  |  |
| E-mail Address  | the moment   |  |  |  |  |
| Thank CD Supervisor Office or Position  |  |  |  |  |  |
|   |  |  |  |  |  |

If you are required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file once you are elected to public office. It you are an appointed public officer who will be entitled to receive less than \$6,000 per year of service and will not have to file a statement of financial disclosure, please file the form within 60 days of your appointment to office.

Please return completed form to:

**Appointed Public Officers** 

**Elected Public Officers** 

